

EXHIBIT 3

Tennessee Secretary of State
Tre Hargett



Elections Division
312 Rosa L. Parks Avenue, 7th Floor
Nashville, Tennessee 37243-1102

Mark Goins
Coordinator of Elections

615-741-7956
Mark.Goins@tn.gov

Monday, October 8, 2018

Mr. Kerry Steelman
Hamilton County Election Commission
700 River Terminal Road
Chattanooga, TN 37406-1736

Dear Mr. Steelman:

Our office has verified that the below individual has the following felony conviction(s):

Name

[REDACTED]

Date of Conviction

09/30/76

Conviction

Manufacturing a Controlled Substance

Because the above conviction(s) occurred between January 15, 1973 and May 17, 1981, the above individual did not lose his or her right to vote. Therefore, this individual is eligible to register to vote. Please be advised that if the above individual has additional felony convictions not listed or is convicted of a felony offense after the date of this letter, he or she will be purged from the county's voter registration rolls and will no longer be eligible to vote in Tennessee pursuant to Tenn. Code Ann. § 40-20-112.

Please contact me if I may provide any additional information.

Sincerely,

A handwritten signature in black ink that reads "Mark K. Goins".

Mark K. Goins
Coordinator of Elections

MKG:asc



State of Tennessee
312 Rosa L. Parks Avenue, 7th Floor
Nashville, Tennessee 37243
615-741-7956

CERTIFICATE OF RESTORATION OF VOTING RIGHTS
for Persons Convicted of a Felony on or after May 18, 1981

This includes any federal or state felony conviction both
within Tennessee or from another state.

TO BE COMPLETED BY AN AGENT OF THE PARDONING AUTHORITY, AN AGENT OR OFFICER OF THE INCARCERATING AUTHORITY, OR A PROBATION/PAROLE OFFICER OR AGENT OF THE SUPERVISING AUTHORITY. A SEPARATE FORM MUST BE COMPLETED FOR EACH FELONY CONVICTION WITH A DIFFERENT DOCKET/CASE NUMBER. THE PERSON CONVICTED OF THE FELONY OFFENSE MAY NOT COMPLETE THIS FORM.

1. I hereby certify that the following information is true and correct:

a. Applicant's Name: [REDACTED] (First) [REDACTED] (Middle) [REDACTED] (Last)
b. Applicant's County of Residence: Hamilton
c. Applicant's Phone Number: [REDACTED]
d. Felony Conviction: Manufacturing a Controlled Substance, marijuana
e. Month/Day/Year of Conviction: 9-30-76
f. TOMIS ID: (if applicable) _____
g. Date of Birth: [REDACTED] h. Soc. Sec. No. [REDACTED]

2. On the 8 day of Oct, 2018 (check one)

- ☐ The above individual received a pardon which contained no special conditions pertaining to the right of suffrage. A copy of said pardon is attached hereto; or
☐ The maximum sentence imposed for such infamous crime has been served by the above individual; or
☒ The maximum sentence imposed for such infamous crime has expired; or
☐ The above individual has been granted final release from incarceration or supervision from either the United States Probation/Parole, a state Board of Probation/Parole, the Department of Correction, or county correction authorities.

Signature: A. Haley Date: 10/8/18
Printed Name: AMBER R Haley Title: Dep. Clerk
Address: _____ Phone Number: 931-723-5110

3. I hereby certify that the following is true and correct: (check one)

- ☒ The court did not order the above individual to pay any restitution as part of his or her sentence; or
☐ All of the restitution ordered by the court as a part of the sentence for the above individual has been paid; or
☐ Restitution ordered by the court is owed.

Signature: A. Haley Date: 10/8/18
Printed Name: AMBER Haley Title: Dep. Clerk
Address: _____ Phone Number: 931-723-5110

4. I hereby certify that the following is true and correct: (check one)

- ☐ The court did not order the above individual to pay any court cost as part of his or her sentence; or
☒ All court cost assessed against the above individual has been paid; or
☐ For Federal Convictions Only, 18 U.S.C. § 3613(b) applies in this case and therefore the liability to pay has expired; or
☐ The court has made a finding at an evidentiary hearing that the above individual is indigent at the time of application; or
☐ Court costs ordered by the court are owed.

Signature: A. Haley Date: 10/8/18
Printed Name: A. Haley Title: Dep. Clerk
Address: _____ Phone Number: 931-723-5110